



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/15/96

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981075443

FACILITY NAME -> PHOENIX COLOR GRAPHICS

MAILING ADDRESS -> 1300 METROPOLITAN AVE
WEST DEPTFORD, NJ 08066

INSTALLATION ADDRESS -> 551 MIDATLANTIC PKWY
WEST DEPTFORD, NJ 08066

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: PORRECA, NICHOLAS J
PREPRESS DEPT
PHOENIX COLOR GRAPHICS
1300 METROPOLITAN AVE
WEST DEPTFORD, NJ 08066

Please print or type with ELITE

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

PROGRAMS UNIT

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☒ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

150981075443

II. Name of Installation (Include company and specific site name)

PHOENIX COLOR GRAPHICS

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

551 MID ATLANTIC PARKWAY

Street (Continued)

City or Town

WEST DEPT FORD

State

Zip Code

NJ

08066

County

County Name

015

GLOUCESTER

IV. Installation Mailing Address

Street or P.O. Box

1300 METROPOLITAN AVE

City or Town

WEST DEPT FORD

State

Zip Code

NJ

08066

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

PORRECA

(First)

NICHOLAS J

Job Title

PRE PRESS DEPT

Phone Number (Area Code and Number)

609-845-6666 FX 329-6

VI. Installation Contact Address

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership

A. Name of Installation's Legal Owner

APT IND/APTS REALTY INC. RREEE

Street, P.O. Box, or Route Number MANAGEMENT CORP.

650 PARK AVE SUITE 210

City or Town

KING OF PRUSSIA

State

Zip Code

PA

19406

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

-

P

P

Yes

No

021094

From: Jack Hoyt, AAMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

94-01 NY 2-7095

AGENCY NO 11

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
1. Smelter Deferral
2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒

K0890

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL ONLY

Mark J. Parreca

Name and Official Title (Type or print)

NICHOLAS J. PARRECA

Date Signed

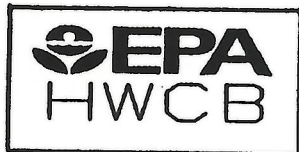
PRE PRESS DEPT HEAD

7/1/96

XI. Comments

ONE TIME CLEAN UP

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



RCRIS NOTIFICATION DATA DISCREPANCY FORM

Information from RCRIS

Facility Name: BROWN PRINTING COMPANY
Facility EPA ID Number: NJ0981075443
Facility Address: 551 MID ATLANTIC PKWY
City: WEST DEPTFORD St: NJ Zip: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____
Facility Contact: _____ Phone: - -
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LQG/SQG) _____
Other: _____

New Information (make change to "E" record only)

Facility Name: _____
Facility EPA ID Number: _____
Facility Address: _____
City: _____ St: _____ Zip: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____
Facility Contact: _____ Phone: - -
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LQG/SQG) _____
Other: _____

In response to this request, please modify RCRIS Handler Notification Data for the following:
General Generator Information:

Facility Name
Facility Address
Facility Contact
SIC Code(s)
Other

EPA ID Number
Mailing Address
Phone
Waste Code(s)

Add/Change Generator Status Codes:

C	#
	1
	2
	3
	4
	5

C	#
	6
	7
	8
	9
	10

Joel Golumbek, Chief, NJCS

Date

Gen = 1 NJ7-3/29/94

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

[illegible]

 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED _____



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/07/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981075443

FACILITY NAME -> BROWN PRINTING CO

MAILING ADDRESS -> 551 MID ATLANTIC PKWY
WEST DEPTFORD, NJ 08086

INSTALLATION ADDRESS -> 551 MID ATLANTIC PKWY
WEST DEPTFORD, NJ 08086

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BORDEN, KEVIN
PLT TECH DIR
BROWN PRINTING CO
668 GRAVEL PIKE
EAST GREENVILLE, PA 18041-9632



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/21/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981075443

FACILITY NAME -> BROWN PRINTING CO

MAILING ADDRESS -> 551 MID ATLANTIC PKWY
WEST DEPTFORD, NJ 08086

INSTALLATION ADDRESS -> 551 MID ATLANTIC PKWY
WEST DEPTFORD, NJ 08086

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: BORDEN, KEVIN
PLT TECH DIR
BROWN PRINTING CO
668 GRAVEL PIKE
EAST GREENVILLE, PA 18041-9632

BROWN PRINTING COMPANY

A GRUNER + JAHR COMPANY

EAST GREENVILLE DIVISION

ROUTE 29 RD 1 • EAST GREENVILLE, PENNSYLVANIA 18041 • PHONE 215-679-4451

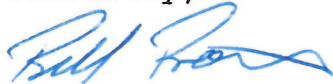
November 11, 1992

U.S. EPA Region II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, NY 10278

Attention: Waste Management Division.

Enclosed is a completed Notification of Regulated Waste Activity form. This form is being filed to notify of a change in the name and ownership of the former CMP Printing Company of Thorofare, New Jersey. If you have any questions concerning this matter, I can be reached at the above address.

Sincerely,



Bill Booth
Environmental Coordinator

cc: NJDEP w/encl.
K. Larson, BPC w/encl.
K. Borden, BPC w/encl.
D. Robinson, BPC w/encl.
L. Dillion, BPC w/encl.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Charge owner
United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

NOV 19 1992

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

N J D 9 8 1 0 7 5 4 4 3

II. Name of Installation (Include company and specific site name)

B R O W N P R I N T I N G C O M P A N Y

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 5 1 M I D A T L A N T I C P A R K W A Y

Street (continued)

City or Town

T H O R O F A R E

State

ZIP Code

N J

0 8 0 8 6 -

County Code

County Name

G L O U C E S T E R C O U N T Y

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

B O R D E N

K E V I N

Job Title

Phone Number (area code and number)

P L A N T T E C H . D I R .

2 1 5 - 6 7 9 - 4 4 5 1

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☐
☐

6 6 8 G R A V E L P I K E

City or Town

State

ZIP Code

E A S T G R E E N V I L L E

P A

1 8 0 4 1 - 9 6 3 2

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

G R U N E R + J A H R P R I N T . + P U B L . C O

Street, P.O. Box, or Route Number

U . S . H I G H W A Y 1 4 W E S T P . O . B O X 1 5 4 9

City or Town

State

ZIP Code

W A S E C A

M N

5 6 0 9 3 - 0 5 1 7

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

5 0 7 - 8 3 5 - 2 4 1 0

P

P

Yes

No

X

1 0

1 2

9 2

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify <input type="text"/>		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

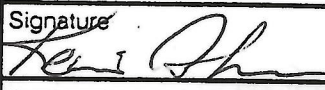
1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

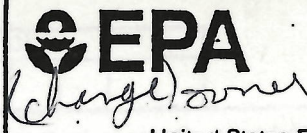
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature 	Name and Official Title (type or print) KEVIN BURDEN TECHNICAL DIRECTOR	Date Signed 11/12/92
--	--	-------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

DEC 14 REC'D

NOV 23 1992

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ D 9 8 1 0 7 5 4 4 3

II. Name of Installation (Include company and specific site name)

BROWN PRINTING COMPANY

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

551 MID ATLANTIC PARKWAY

Street (continued)

City or Town

THOROFARE

State

ZIP Code

NJ 08086-

County Code

County Name

GLOUCESTER COUNTY

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

BORDEN

KEVIN

Job Title

Phone Number (area code and number)

PLANT TECH. DIR.

215-679-4451

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

668 GRAVEL PIKE

City or Town

State

ZIP Code

EAST GREENVILLE

PA 18041-9632

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

GRUNER + JAHR PRINT. + PUBL. CO

Street, P.O. Box, or Route Number

U.S. HIGHWAY 14 WEST P.O. BOX 1549

City or Town

State

ZIP Code

WASECA

MN 56093-0517

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator(Date Changed)
Month Day Year

507-835-2410

P

P

Yes

No

101292

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

KEVIN BURDEN TECHNICAL DIRECTOR

Date Signed

11/12/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

BROWN PRINTING COMPANY

A GRUNER + JAHR COMPANY

EAST GREENVILLE DIVISION

ROUTE 29 NORTH, RR #2 BOX 2614 • EAST GREENVILLE, PENNSYLVANIA 18041-9632
PHONE 215-679-4451

March 7, 1994

U.S. EPA
26 Federal Plaza
New York, New York 10278

Dear Mr. Joel Golumbeak:

This letter is to serve notice that, as of December 31, 1993, we have ceased operation and hazardous waste activity at :

Brown Printing Company
551 Mid Atlantic Parkway
Thorofare, NJ 08086
EPA ID Number - NJD981075443

The final waste shipment from the facility was on November 29, 1993. If you have any questions regarding this matter, I can be reached at the above telephone number.

Sincerely,



Bill Booth
Environmental Coordinator

U.S. EPA
AGENCY R011
94 MAR 22 PM 3:28 U.S. E.P.A.
INFO. SERV. SEC. MAR 15 AM 11:15
HAZ. WASTE COMP. BR.